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## Healthy Hearing 2010: Where Are We Now?

*In January 2000, Healthy Hearing 2010 was initiated to help reduce problems caused by hearing loss in Americans. In October 2004—nearly five years after the program's start—we received our first report card. Here's what we learned.*

Healthy hearing is on the federal government's health agenda, and NIDCD is leading the effort to help people improve and protect their hearing. Launched in 2000, Healthy Hearing 2010 is a national initiative to improve the hearing of all Americans through prevention, early detection, treatment, and rehabilitation. The program challenges individuals, communities, and professionals—all of us—to take specific steps to ensure healthy hearing. For the first time since its inception, Healthy Hearing 2010 is assessed in a [progress report](#) released this past October by the U.S. Department of Health and Human Services.



## Healthy Hearing 2010

Working together to promote Healthy Hearing habits by 2010

**Inside Archives**

## Healthy Hearing 2010: A Backgrounder

Healthy Hearing 2010 is part of the Healthy People initiative—a national prevention program coordinated by the U.S. Public Health Service. Healthy People targets the most significant preventable threats to public health and enlists both public and private resources to address these threats. Twenty-eight focus areas have been identified, including the areas of vision and hearing. The goal to prevent hearing loss is spelled out in [eight objectives](#) that address issues traversing a person's lifespan—from increasing the number of newborns who receive a hearing screening, to reducing the number of people who suffer from noise-induced hearing loss, to increasing the numbers of deaf or hard-of-hearing individuals who use hearing aids, cochlear implants, and other adaptive devices.

Why is healthy hearing important to the national health agenda? Hearing impairment is a growing public health concern. An estimated 28 million Americans suffer from some type of hearing loss, and 500,000 to 750,000 Americans have severe to profound hearing impairment or deafness. Furthermore, more people are losing their hearing earlier in life. As people live longer and the survival rate for medically fragile infants improves, the number of people with hearing loss will undoubtedly increase.

Scientific advancements are providing more knowledge than ever before about hearing and hearing loss. We know more about the genetic basis for hearing loss, ways to prevent it, and methods to assess the hearing of people of all ages and capabilities. We also have new ways to compensate for hearing once it is gone. The challenge lies in translating these advances into public health applications by bringing scientific knowledge to the front lines of health care and monitoring the quality of that care.

## The Halfway Point: Assessing Our Progress

Howard Hoffman, program director for epidemiology and biostatistics in the Translational Research Branch of NIDCD's Division of Scientific Programs, and a coordinator of the Healthy Hearing 2010 program, says that Healthy Hearing 2010 has been a positive endeavor because, for the first time, it requires the collection of data in the specific objective areas nationwide. "Without numbers, what do we really know?" he asks. "Numbers give us a starting point from which to set goals and measure improvement, and in this way, I think we're going to find that the program has had an important effect on improving hearing health for all Americans."



The [October 2004 Healthy Hearing Progress Review](#) reports trends, challenges, strategies, and recommendations to help bolster the effort over the next five years. Report highlights include:

**Newborn hearing screening, evaluation, and intervention.** Early identification of hearing loss is a critical factor in minimizing language delay in children who are deaf or hard-of-hearing. Therefore, congenital hearing loss must be identified as close to birth as possible, preferably within the first month of life. In 2001, 66 percent of infants received a hearing screening before they were one month old. (The Healthy Hearing 2010 target is 90 percent.) Of those infants for whom a follow-up evaluation was needed, 56 percent received this service before three months of age (2010 target: 70 percent). Furthermore, of those infants who were found to have a hearing loss during the follow-up evaluation, 57 percent were enrolled in appropriate intervention before the age of six months (2010 target: 85 percent). NIDCD continues to develop new tools to evaluate and modify intervention programs in newborns.

**Otitis media in children.** This infection or inflammation of the middle ear is one of the most common reasons for visits by children and adolescents to physicians. More than half of the children in this country experience an episode of otitis media before their first birthday, and 90 percent have an episode by age five. In rare cases, otitis media may lead to more serious health problems, including permanent hearing loss.

The good news is that children and adolescents ages 18 and younger have witnessed a decline in the number of visits to physician's offices for otitis media—from 344.7 visits per 1,000 children in 1997 to 302.9 visits per 1,000 children in 2002. But there is still room for improvement if we are to achieve our 2010 goal: 294 visits per 1000 children. More information is needed about the predisposing factors for otitis media, both environmental and genetic. NIDCD supports research on otitis media to improve scientific understanding and to formulate more effective prevention strategies. Developing a vaccine for otitis media is also a high priority for the institute.

**Hearing Evaluation and Rehabilitation.** Although more and more Americans are experiencing a gradual reduction in hearing as they age, in 1999–2000, only 29 percent of adults ages 20 to 69 had their hearing tested within the previous five-year period. (The target for 2010 is 34 percent.) Regular hearing testing would likely increase the numbers of individuals who are identified with hearing loss and who receive intervention, thereby improving productivity and quality of life. The American Speech-Language-Hearing Association recommends adult hearing screening at least every decade until age 50, with more frequent monitoring after that age.

Once hearing loss is identified, the goal is to provide treatment, usually in the form of a mechanical device, such as a hearing aid, cochlear implant, or other augmentative or assistive device. The percentage of deaf or very-hard-of-hearing individuals who use a cochlear implant continues to be highest among children younger than six years of age.

In 2001, 51 of every 10,000 deaf or very-hard-of-hearing persons had received a cochlear implant. For children ages five and younger, however, that number was 1,035 for every 10,000 individuals. (The target for 2010 in all age categories is 56 per 10,000 deaf or very-hard-of-hearing individuals—a target the youngest age group has already far surpassed, but of which older children, adolescents, and adults fall short.)

As for hearing aids, only approximately 15 percent of hearing-impaired adults ages 20-69 use one. Data from 2001 indicate 149.6 of every 1,000 adults with hearing loss use a hearing aid (2010 target: 155 per 1,000 individuals with hearing loss). NIDCD supports and conducts a range of studies aimed at improving hearing aids, cochlear implants, and other listening devices.

**Noise-Induced Hearing Loss (NIHL).** It is estimated that 30 million people are exposed to harmful levels of noise every day in their jobs.

Hearing protection devices such as earplugs or earmuffs are recommended when people are exposed to high noise levels, whether at work or during leisure or recreational activities. However, evidence suggests that more Americans need to get into the habit of wearing these protective devices. In 1999-2000, 457 out of 1,000 adults ages 20-69 wore ear protection when exposed to loud noise (2010 target: 487 per 1,000 adults). And data from the late 1980s to early 1990s demonstrate the occurrence of noise-induced hearing loss in nearly five percent of adolescents ages 12 to 19, and nearly 12 percent of adults ages 20 to 69.

Helping to elevate public awareness on the issue is WISE EARS!®, a national NIHL prevention and education campaign led by NIDCD in partnership with the Centers for Disease Control and Prevention's (CDC's) National Institute for Occupational Safety and Health (NIOSH). This successful effort focuses especially on children and workers whose jobs involve exposure to loud noise. WISE EARS!® coalition members include state agencies; public interest, advocacy, and patient organizations; businesses; industries; and unions as well as health professional organizations.

**Reducing hearing health disparities.** Every person of every age and background is vulnerable to hearing loss. However, certain ethnic groups suffer from hearing loss and related problems at a greater frequency than the rest of the population. For example, Native American children suffer from otitis media at a disproportionately higher rate than other ethnic groups. And Hispanic and Mexican-American children suffer from higher rates of otitis media with effusion (fluid in the middle ear) compared to non-Hispanic white or African-American children. Compounding the matter, healthy hearing information is not always available to minority individuals and their families. NIDCD devotes numerous resources to making Americans of all backgrounds aware of proper hearing health information and available resources for those with impaired hearing. On an ongoing basis, NIDCD conducts outreach to Hispanic individuals through participation in Spanish-language and Hispanic interest meetings, exhibit opportunities, and other collaborative efforts.

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## Future Recommendations

Other areas pinpointed by the progress review to help ensure that the healthy hearing objectives are met are:

- continue research to improve the fitting of hearing assistive devices for infants and very young children
- conduct studies on persons who have received cochlear implants to determine why some people benefit more than others
- direct additional resources to the identification and characterization of genes responsible for hereditary hearing impairment
- explore new strategies and opportunities, including increased collaboration among federal agencies, for moving the nation closer to meeting the goals for

## Healthy Hearing 2010.

For more information on Healthy Hearing 2010, visit the [NIDCD Web site](#). You can also read the [October 2004 Healthy Hearing 2010 Progress Review](#).

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<http://www.nidcd.nih.gov/health/inside/spr05/pg1.asp>

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## New Resources from NIDCD

### NIDCD 2005 Information Resource Directory



NIDCD's 2005 Information Resource Directory features nearly 150 organizations committed to preventing communication disorders or to improving the lives of people who have disorders of hearing, balance, smell, taste, voice, speech, and language. The directory also includes a special section on federal organizations that provide information or assistance related to communication disorders. Each organization is identified by up-to-date contact information as well as a short description that explains its scope and mission. To order a free copy of the newly updated directory, contact the NIDCD Information Clearinghouse toll-free at (800) 242-1044 (voice) or (800) 242-1055 (TTY). An online directory, which offers a keyword search

feature, is also available at [www.nidcd.nih.gov/health/directory/](http://www.nidcd.nih.gov/health/directory/).

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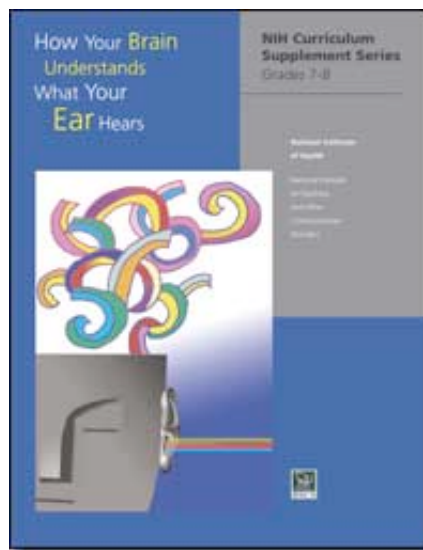
## WISE EARS!® CD Toolkit

NIDCD has available a compact disc (CD) that contains all the materials available from WISE EARS!®, including fact sheets, brochures, games, posters, and even radio scripts. Many printed materials are in both English and Spanish, and all are provided in PDF format for reproduction by physicians, advocacy organizations, teachers, and others who can help promote hearing and prevent noise-induced hearing loss. Contact the NIDCD Information Clearinghouse at (800) 242-1044 (voice) or (800) 242-1055 (TTY) for your free CD.



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## New Middle-School Curriculum on Hearing



Visit NIDCD's "Information for Educators and Student Activities" Web page at [www.nidcd.nih.gov/health/education/](http://www.nidcd.nih.gov/health/education/) to access "How Your Brain Understands What Your Ear Hears," an online science curriculum supplement for grades 7–8. Developed by the National Institutes of Health (NIH) and NIDCD, this supplement brings cutting-edge medical science and basic research discoveries into the classroom. The online module consists of lesson plans, which are accessed through the Teacher's Guide section of the Web site, and interactive, multimedia student activities, which are accessed through the Student

Activities page. The curriculum complements existing life science curricula at both the state and local levels and is consistent with National Science Education Standards.

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<http://www.nidcd.nih.gov/health/inside/spr05/pg2.asp>

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**CHID Online Database News**



The **Combined Health Information Database (CHID)** is a collection of health information materials provided by many leading federal health agencies and

nonprofit organizations.

The Deafness and Other Communication Disorders database, sponsored by NIDCD, includes descriptions and abstracts of more than 6,000 resources covering both normal and disordered communication processes. For abstracts of newsletters, journal articles, and books about hearing, balance, smell, taste, voice, speech, and language, visit the CHID Web site and search under the heading "Deafness and Communications Disorders."

Check out the following new resources, which pertain to the hearing health objectives in Healthy People 2010! (When possible, links to the articles are provided.)

Hearing Aid Use in Conjunction with a Cochlear Implant (2005), T.A. Zwolan  
Hearing Loss, Vol. 26(1), pages 26-28.  
January/February 2005.  
Considers the factors involved in using a hearing aid together with a cochlear implant. Available from Self Help for Hard of Hearing People: [www.shhh.org](http://www.shhh.org).



Newborn Hearing Screening Follow-up: The Essential Next Step (2005), M.A. Primus  
*The Hearing Review*, Vol. 12(1), page 18. January 2005.  
Focuses on the issues and concerns related to follow-up management by examining the universal newborn hearing screening program in largely rural settings throughout Wyoming. Available from *The Hearing Review*: <http://www.hearingreview.com/>.

Annual Report Card on Infant Hearing Screening (2004)  
*ADVANCE for Speech-Language Pathologists and Audiologists*, Vol. 14(19), page 25. May 2004.  
Results of the World Council on Hearing Health's (WCHH) Annual Hearing Healthy Kids State Report Card on Infant Hearing Screenings. Developed in partnership with the American Academy of Pediatrics (AAP) and the National Center for Hearing Assessment and Management (NCHAM). Available from Merion Publications, Inc.: <http://www.advanceforspanda.com/>.

[Exercise Promotes Hearing Health \(2004\)](#), H. Alessio and K. Hutchinson  
[The Hearing Review](#), Vol. 11(4), page 36. April 2004.

Explores the relationship between exercise and better hearing health, asserting that cardiovascular health and physical fitness are positively correlated to better hearing. Available from [The Hearing Review](#):  
[www.hearingreview.com](http://www.hearingreview.com).

Clinical Practice Guideline: Otitis Media with Effusion (2004), R.M. Rosenfeld, et al.

[Supplement to Otolaryngology-Head and Neck Surgery](#), Vol. 130(5), pages S95-S118. May 2004.

Updated evidence-based recommendations on diagnosing and managing otitis media with effusion (OME) in children. This new guideline applies to children ages two months through 12 years with or without developmental disabilities or underlying conditions that predispose to OME and its aftereffects. Available from Elsevier Science: [www.us.elsevierhealth.com](http://www.us.elsevierhealth.com).  
PRICE: \$30 Pay-Per-View for online access to articles.

Communication Wake-Up Call: A Practical Look at Assistive Listening Devices and Systems (2004), C.D. Davis  
[Hearing Loss](#), Vol. 25(2), page 10. March/April 2004.

Describes technologies that can help improve listening situations for many individuals. Available from Self Help for Hard of Hearing People:  
[www.shhh.org](http://www.shhh.org).

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<http://www.nidcd.nih.gov/health/inside/spr05/pg3.asp>

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**Calendar of Events**

**Look for the NIDCD exhibit at these 2005 conferences!**

June 30–July 3	Washington, DC	Self Help for Hard of Hearing People
September 25–28	Los Angeles, CA	American Academy of Otolaryngology-Head and Neck Surgery
October 8–11	Washington, DC	American Academy of Pediatrics
November 12–16	Washington, DC	Society for Neuroscience
November 18–20	San Diego, CA	American Speech-Language-Hearing Association

**Other Events**

**Association for Research in Otolaryngology Midwinter Meeting**

Feb. 10–15, 2006    New Orleans, LA    Contact (856) 423–0041 or [www.aro.org](http://www.aro.org).

**The National Cued Speech Association's 40th Anniversary of Cued Speech Conference: Celebrating Literacy/Excellence/Diversity**

July 20–23, 2006    Towson, MD    Contact (800) 459–3529 or [www.cuedspeech.org/](http://www.cuedspeech.org/)

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## Clinical Trials

A clinical trial is a research study that helps determine whether new treatments are both safe and effective. Carefully conducted clinical trials on

volunteers are the fastest and safest way to find treatments that work on people. For more information about the trials listed below, click on the individual headlines. For more information about NIDCD clinical trials that are not listed here, visit the NIDCD Web site at [www.nidcd.nih.gov/research/clinicaltrials/index.asp](http://www.nidcd.nih.gov/research/clinicaltrials/index.asp).



## Sudden Sensorineural Hearing Loss Multicenter Treatment Trial

If Sudden Sensorineural Hearing Loss (SSHL) is diagnosed within two weeks of the first symptoms, the standard treatment is high-dose oral steroids. Evidence now suggests that injection of medication into the middle ear also is effective and does not present the side effects that taking high-dose oral steroids does.



Researchers at the Massachusetts Eye and Ear Infirmary, together with seven centers nationwide, are participating in a five-year clinical trial sponsored by NIDCD. Started in December 2004, this study compares the use of high-dose oral steroids with middle-ear injections of a special formulation of steroid medication to treat SSHL.

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## Gesture Recognition Study

Researchers at NIDCD are seeking deaf volunteers, ages 18–80, for a study examining how the brain distinguishes hand gestures. The study will use brain imaging to investigate the areas involved in processing hand gestures, such as those used in American Sign Language (ASL).



This is an outpatient study that will take place at the NIH Clinical Center in Bethesda, MD. Participants will attend one scanning session, lasting 3 hours. An ASL interpreter will be available during admission and testing.

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## Genetic Studies of Tone Deafness

Both perfect pitch and tone deafness run in families. A better understanding of what causes tone deafness may provide new insights into hearing function. This study examines the hereditary basis of tone deafness by identifying regions of the human genome linked to this condition. Individuals with two or more family members 15 years of age or older who are tone deaf or have trouble recognizing different melodies may be eligible for this study.



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<http://www.nidcd.nih.gov/health/inside/spr05/pg5.asp>

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**Information Exchange: News from Our Partner Organizations**

**Cued Speech Learning Vacations 2005**

The [National Cued Speech Association](#) announces the following "cue camps" for summer and fall:

[Cue Camp Friendship](#) New Windsor, MD June 26–July 1

It's never too early to start planning for cue camp, a wonderful place that provides campers with a supportive environment to learn or increase cueing skills. Contact Joan Amy Ruberl at (301) 718-8717. Email: [CueCamp2005@aol.com](mailto:CueCamp2005@aol.com); Web: [www.mdcsa.org](http://www.mdcsa.org).

[Camp Cuetah](#) Ogden, UT Aug. 1–6

Learn cued speech in the relaxed atmosphere of camp. This year's theme is The French Connection. Contact Deann DeGraaw at (801) 274-8249. Email: [info@cuetah.com](mailto:info@cuetah.com); Web: [www.cuetah.com](http://www.cuetah.com).

[Cue Camp Mechuwana](#) Winthrop, ME August 13 –18

Offers great instruction for cuers of all ages. Features speakers and panels plus campfire chats. New families welcome! Contact Angela Laptewicz at (781) 738-6290 or [Angelicas911@yahoo.com](mailto:Angelicas911@yahoo.com). Web: [www.cuedspeechmaine.org](http://www.cuedspeechmaine.org).

[Cue Camp Virginia](#) Jamestown, VA September 29–October 2

Cue Camp Virginia for skills, information, and fun! Contact Maureen Bellamy at (703) 560-1035. Email: [NVCSA@yahoo.com](mailto:NVCSA@yahoo.com); Web: [nvcsa.scid.net](http://nvcsa.scid.net).

**Hands and Voices: “Supporting Families without Bias”**

A new article, entitled "[Supporting Families without Bias](#)," is available from the nonprofit organization Hands and Voices. Hands and Voices provides information, technical support, and educational advocacy assistance and training to parents and professionals working with families and their children who are deaf or hard-of-hearing. For more information, visit [www.handsandvoices.org](http://www.handsandvoices.org).

**Better Hearing Institute Offers New Publication, New Look for Web Site**

The Better Hearing Institute (BHI) has developed a new publication, entitled [Your Guide to Better Hearing](#). Among the topics it covers are the impact, prevalence, and prevention of hearing loss; medical and audiological advances; assistive technology; financial assistance; and a 15-question BHI Quick Hearing Check.

Also, be sure to visit the newly designed [BHI Website](#), which features the BHI Quick Hearing Check; a comprehensive database of celebrity

supporters; a database of resources for people with hearing loss; relevant articles available for download; and a database of factoids and quotes on hearing, ears, and listening.

## Music to Their Ears

Coinciding with National Better Hearing and Speech Month this past May, the San Francisco Opera began providing each of its regular musicians a pair of custom-fitted "musicians' earplugs," originally created by Etymotic Research for members of the Chicago Symphony Orchestra. This new benefit program is in conjunction with [Hearing Education and Awareness for Rockers \(H.E.A.R.\)](#), a San Francisco-based nonprofit hearing preservation organization.



Kathy Peck, executive director of H.E.A.R., explains that all musicians, not just rock musicians, are subject to noise-induced hearing loss. "H.E.A.R. is honored to work with the opera orchestra and wants everyone to remember: your ears are your most important musical instrument," she says.

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<http://www.nidcd.nih.gov/health/inside/spr05/pg6.asp>

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